

# Lake of the Woods District Hospital



**ANNUAL REPORT**

**2007 - 2008**

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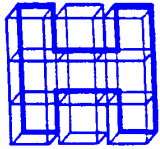
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## LAKE OF THE WOODS DISTRICT HOSPITAL 2007-08 ANNUAL REPORT

### Mission Statement

The mission statement of the Lake of the Woods District Hospital is to provide acute care and support optimal healthcare for the people we serve.

This End is further interpreted to include, but not limited to:

- People with illness or injury can access a center of excellence and achieve optimum outcomes.
- Those we serve have information to make positive lifestyle choices.
- People have a continuum of services that support optimal health.

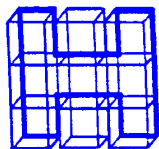
These results are to be achieved at an efficiency (resource use) at least comparable to the average of the hospital's peer group. The Ends are in order of priority.

### Vision

- State of the art new facility
- Effective E-Health system
- Appropriate sufficient workforce.
- Well governed sustainable funding
- Healthy lifestyle choices
- Timely access to primary health care
- Seamless continuum of collaborative services
- Visible health care system inspiring confidence

### Values

- Publicly Funded - Publicly funded system
- Sustainable - Sustainability with resource and people for the future
- Accountable - Accountability to the public
- Inclusive Care - A level of care that is inclusive
- Shared Support - Health care is a shared responsibility of the individual, community and government
- Personal Responsibility - People are responsible for their own health



## LAKE OF THE WOODS DISTRICT HOSPITAL BOARD CHAIR REPORT

This report will attempt to provide a concise recounting of the events taking place at the Lake of the Woods District Hospital as they pertain to the Board for the year 2007-2008. During the summer of 2007, Board members were actively engaged in gathering data for the Strategic Planning Session to be held in September. The Strategic Planning Session provided board members with our Vision 2012.

This vision encompasses a Centre of Excellence for Acute Health Care, with the added visionary principles and values of an effective electronic health system, an appropriate and sufficient workforce, with well-governed, sustainable funding, healthy lifestyle choices, timely access to primary health care, a seamless continuum of collaborative services, a visible system inspiring confidence and a state of the art new facility. These principles and values are issues that the people in the community felt were important to the hospital and to their concept of health for the community. It is incumbent on the Hospital Board to work toward these principles and visions and to set in motion the processes needed to have the Minister of Health aware of our future for the hospital.

I will not take too much time in reporting the budgetary process that the board members have been privy to, other than to report that members of the hospital board have been in discussion with the CEO of the Local Health Integrated Network to attempt to have funding increased for this hospital in order to balance the budget for the years 2008-2009 and 2009-2010. Our staff have been working in cooperation with the LHIN's to provide evidence that our hospital is an efficiently operated facility. In a review of the evidence-based document, we the board are overwhelmed at the amount of work done in preparing this information. We commend the staff and thank them for their efforts. The President and CEO, Mark Balcaen, and his senior staff continue to negotiate a settlement of the budget project. As I write this report there has been no resolution to the problem. When I give the report either we will be awarded more funding, or we will not. We are hoping for the former resolution.

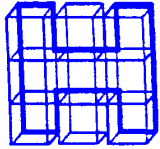
This year's report is somewhat longer than I had planned, but I wanted to give an in-depth picture of what the board members have been doing for the past year. Our commitment to the Strategic Plan has been sidetracked by the Local Health Integrated Network and the Budgetary Funding Process. We hope that this is resolved in the near future.

On behalf of the Hospital Board, I would like to take this opportunity to relay our thanks to several groups and people who work within and without the hospital facility to make the patients' stay a bit more comfortable.

- Thank you to each and every member of the hospital staff
- Thanks to the Lake of the Woods District Hospital Auxiliary
- Thank you to the many Hospital Volunteers
- Thank you to the Lake of the Woods District Hospital Foundation
- Thank you to Mark Balcaen and his Senior Staff and Managers
- Thank you to the patients who have need of the hospital services
- Thank you to the people of the community who are the owners of this Hospital

All these people make our work as the Board, more relevant and meaningful

Respectfully submitted,  
Joan Reid, Board Chair



## LAKE OF THE WOODS DISTRICT HOSPITAL PRESIDENT AND CHIEF EXECUTIVE OFFICER REPORT

“Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better” ([King Whitney Jr.](#)).

This quote nicely sums up what we (the community, our patients, staff, physicians, board members, and managers) have been experiencing at Lake of the Woods District Hospital over the past few years. LWDH staff has taken on change as a challenge to make things better this past year. Our financial and human resources challenges have caused us to reexamine how we provide care.

This year a number of our inpatient and outpatient services volunteered to be part of pilot projects and service reviews that have helped our hospital become even better at providing quality and timely care to our community. The hospital was one of ten hospitals in Ontario chosen to participate in an important patient safety project promoting good hand hygiene (hand washing) practices among our hospital staff and physicians. The staff of LWDH is to be commended for doing their part in helping to keep themselves and their patients safe, by practicing good hand hygiene! The changes implemented during the pilot project are now permanent and will help ensure that patients visiting LWDH are further protected from health care associated infections. Additionally, the Surgical Services and Critical Care (ICU) services voluntarily participated in service reviews sponsored by the Ministry of Health and Long Term Care. These reviews were to identify and disseminate best practices and share them with hospitals. Congratulations to the managers, staff, and medical staff who work in these services for providing excellent care and wanting to look for opportunities to improve the quality of service.

The issue of patient transfers between hospitals and from nursing homes to hospitals continues to be of significant concern. The Kenora District Services Board, who operate the land ambulance service in our region, continues to provide non-emergent ambulance transfers (NEAT's) in the face of ever increasing demand and costs. It is critical that the Ministry of Health and Long Term Care address this issue and adequately fund this critical service.

The LWDH disaster planning committee has developed a “pandemic plan” to prepare the hospital and our staff in the event of a pandemic. While we did avoid a “flu outbreak” quarantine for our hospital during 2007-08 we continue to be vigilant and prepare to deal, as best we can, for a flu pandemic.

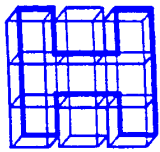
Our hospital and its staff are embracing customer service excellence and culturally sensitive care. This is occurring when our emergency department is struggling to serve emergency and primary care patients during a physician shortage in our community. We are hoping that this coming year our community's Family Health Network, Family Health Team, and Health Access Centre, will be able to take on more of the primary care needs of our community so people who don't have a physician or can not get in to see their physician will not have to use the hospital emergency department. It is clear to everyone that an alternative to the hospital emergency department is imperative for the provision of primary care services in Kenora.

The Hospital has been participating in a Laboratory Pilot project with MDS Laboratories (Life Labs) and the Ministry of Health and Long Term Care for the last 12 years. The Ministry has recently completed a review of the pilot project and is considering changes to our system that will result in some negative consequences to the provision of health care in our community. We hope that the Ministry sees the merit in the superior service being offered under the pilot laboratory program in Kenora.

Finally, I would like to take this opportunity to acknowledge and thank my senior management team, our managers, staff, medical staff, executive assistants, board members, Foundation, and Auxiliary for their excellent work and continued support.

Respectfully Submitted,

Mark Balcaen M.H.Sc., CHE, FACHE  
President and CEO



## LAKE OF THE WOODS DISTRICT HOSPITAL CHIEF OF STAFF REPORT

For a number of years the recognized need for healthcare services in Ontario and the resources to meet that need have not been equal. In the last fiscal year the province spent \$35.7 billion on health care, making it one of the largest industries in the province. Despite this vast sum, unmet needs remain. The Lake of the Woods District Hospital is not an island in this ocean but we are swimming in the same waters. It remains difficult to provide the same level of care as has been previously enjoyed with a shortage of resources, both financial and human.

### **Program Changes**

The active programs from the past all remain at this hospital at this time. This includes all of our inpatient and outpatient services. Inpatient services have been increasingly threatened by the lack of resources in the community to move Alternate Level of Care (ALC) patients out to other facilities better suited for their care. This has resulted at times in significant delays in our Emergency Room and back up of the services provided there. The delays in the Emergency Room have, at times, been accentuated by the loss of the Nurse Practitioners who had worked in the Emergency Room. The hospital and Emergency Room remain committed to trying to fill Emergency Room positions.

Negotiations with the hospital through the last quarter of the year have culminated, however, in a new service being available with a Sports Medicine/Physical Rehabilitation clinic now being available for the community in offices on our fourth floor.

The hospital remains involved in discussions with the medical members of the Family Health Team to see that a promised after-hours walk-in clinic should be set up. This is anticipated to offload low priority cases from our Emergency Room allowing better utilization of resources and better care both for the low risk ambulatory patients and for the more seriously injured or ill whom are properly treated in our Emergency Room.

### **Participation in Education**

The hospital has now participated fully in the first academic year with the charter class of the Northern Ontario School of Medicine. Four young physicians to be have rotated through the hospital and with it's medical staff in the community and have all informed the hospital that they have had an extremely good experience and we remain looking forward to the next group of students this upcoming September. We have a good track record of recruiting former students back to work locums and part-time in Kenora. The challenge is to make this permanent.

In addition, the hospital has completed the first full year of clinical training for medical laboratory technologists in their final year and these students have both been offered positions at the Peter D. Pan Regional Laboratory inside of the hospital.

Lastly, the pathology resident from the University of Manitoba who has rotated through our hospital laboratory has passed their examination and are now certified as a specialist in laboratory medicine. The staff of the laboratory participate with the University of Manitoba in training it's residents and we are pleased to announce that this is the first year in several that 100% of the pathology residents passed their Canadian Fellowship examination.

Ongoing training of other healthcare staff including nurses persists and hopefully, will allow full staffing levels at all of the healthcare facilities in Kenora and the surrounding region. This is necessary in order to allow nursing homes to receive our patients and free up some of our ward space. The ongoing commitment of the senior management and board to education is much appreciated and although slow to pay back the effort is our best hope for the future.

The upcoming fall will see another pathology resident from the University of Manitoba rotating through the hospital. Discussion and planning has already started with the Thunder Bay Regional Hospital's medical director of laboratories and we hope, upon completion of training and examinations, that physician would choose to remain in northwestern Ontario, working at the Lakehead.

### **Physician Shortage**

A shortage of access to primary doctors persists in our community as it does across the nation. The addition of young physicians whom we have contributed to training in the past has not totally remedied this as retirements from our older physicians continue. The shortage is likely to persist for years to come and the expectation is that some of the need will be met in the future by Nurse Practitioners and physician assist office assistants. Efforts to pursue a pilot project for these assistant programs were not successful however, it is anticipated that opportunities will arise in the future to continue in that area.

In regards to loss of staff, I wish to pay particular attention to the retirement of Dr. Bill Kyle, a long serving radiologist at this hospital whose efforts were much appreciated and whose retirement is well deserved. The hospital held a retirement function for him and I had the honour of speaking about Dr. Kyle on behalf of the hospital.

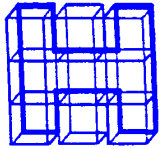
An additional physician has taken surgical training to support our obstetrical service with caesarean sections. We now have a third credentialed operator for caesarean sections. This is the first time in several years that we have had that number.

In closing I would like to thank all the hospital staff, my colleagues and the Board for their continuing effort to provide health care in this community and allowing me to participate in this worthy venture.

Respectfully submitted,

J.K. MacDonald, MD, FRCP  
Chief of Staff





## **LAKE OF THE WOODS DISTRICT HOSPITAL VICE PRESIDENT, PATIENT SERVICES and CHIEF NURSING OFFICER REPORT**

For the past number of years the Lake of the Woods District Hospital has faced constant challenges and 2007/08 has not been the exception. The Ministry of Health continues to ask us to do more with fewer resources and this has put tremendous pressure on the organization at all levels. The first year of the Local Health Integration Network (LHIN) has added a new dimension to planning and reporting.

Recruitment of health professionals is an ongoing challenge not only locally but regionally. We are looking forward to the graduation of the first off campus BScN nursing program and next spring (2009) we anticipate 6 new Registered Nurses in our community. The summer of 2007 was very challenging and we were forced to restrict RN and Nurse Manager vacations in the summer in order to maintain safe staffing levels. In order to try to increase the availability of relief staff we created a Nursing Resource team. We were successful in filling the RPN resource positions and they have been invaluable in assisting us in maintaining adequate staffing levels. We were unable to fill most of the positions on the RN resource team until recently. We have been pleased to see some new faces coming to join both our RN and RPN teams.

Participation in the New Grad Guarantee, a program offered through the Ministry of Health and Long Term Care was highly successful. We were able to offer full time employment for 7.5 months to all of the new RPN graduates who applied (6). Six months of this time was funded directly by the Ministry of Health and the hospital had to fund only the last 6 weeks. All of these highly skilled graduates have now been hired by the hospital, and it is hoped that, in the not too distant future, they will have permanent positions. We were unable to recruit RN new grads, as the university hospitals hired them all into New Grad Positions. We will be participating in this important program again this year.

We are please that Confederation College will be starting a second intake into their Diploma RPN program in September 2008. They are a valuable partner in helping us to maintain highly qualified Nurses in our communities. We are very close to utilizing all of our RPN's to full scope of practice which is something that the RPN's have worked hard to achieve. We are hopeful that Lakehead University will hear our request for a second intake of the BScN program. Although we asked for an intake in the fall of 2008 (the idea was rejected by the university) we are hopeful that their unofficial indication of a 2009 intake will come to fruition.

Since SARS, the emphasis on Infection Control is resulting in extensive changes and reporting requirements to the Ministry of Health. Our Infection Control Practitioner has been working tirelessly on a Pandemic plan to prepare us for the inevitable Pandemic which is predicted world wide. She has been working with our healthcare and other partners in the community and the region to develop a regional and local plan with the goal of affording the best care possible to our communities in the event that the Pandemic occurs.

A second Infection Control initiative was the participation of our hospital as a pilot site in testing Hand Hygiene initiatives. This project was supported by the Ministry of Health and our hospital was chosen out of many who applied, based on an excellent proposal submitted by Lynn Ronnebeck in Infection Prevention and Control. I wish to recognize Lynn and Susan McLeod who did such an outstanding job in coordinating this project over the past year. The data from this program (and other similar pilot sites), has been used to develop a provincial program in Hand Hygiene. From a local perspective, we have now installed hand wash stations throughout the building and at the point of care in patients' rooms. Thus patients can now observe the health practitioners washing their hands or actually request that they do so. It also allows health practitioners to save steps in delivering care while maintaining best infection control practices. We have also initiated a teaching program on line which we require all staff delivering direct patient care to complete annually as a reminder of best practice.

One of roles of the Infection Control program is to carefully monitor Hospital Acquired Infection rates. This is a good indicator of how well we comply with good infection prevention practices. I am pleased to say that our rates of hospital acquired infections are extremely low to non-existent compared to other hospitals in the province and in Canada. We attribute our success to our stringent isolation practices when we admit patients to our hospital who may be infectious to others. An example of our infection rates is appended as Patient Services Appendix A.



Occupational Health and Safety has also been an area of significant change as we struggle to comply with new safety requirements in the area of protecting our staff from on the job injury or illness. There has been significant emphasis on protecting our staff from infections through the use of personal protective equipment. To this end, we did an intensive campaign to make sure that our patient care staff was properly mask fit tested and educated on proper methods of putting on and taking off protective equipment. We continue to see success as well as the result of the initiation of the staff health physiotherapist in that we have seen a significant decrease in lost time due to injury. We have initiated the use of safety needle products to decrease the incidence of needlestick injuries. Hospital safety inspections have become a high priority for the Joint Occupational Health and Safety Committee as we try to raise the profile of safety as a responsibility of all employees of the hospital.

It has been a year and a half since the Patient Care units were restructured to incorporate the pediatric beds into the adult medical unit. This change has proven to be a positive change as Pediatric inpatient admissions continue to decline. It has allowed a more efficient use of our staffing resources and in comparison to our peer hospitals has made us very competitive in the area of efficiency.

The unexpected temporary closure of Long Term Care beds in the community has resulted in an acute increase of Alternate Level of Care (ALC) patients in our acute care hospital beds since December 2007. As we have had more difficulty in moving patients who have applied to Long Term Care out of the hospital, we have seen a very high utilization of our beds (90 – 100+% occupancy rates) and frequent admitted patients in the Emergency Department. Last year we had only 41 admissions to Emergency department while this year that number has more than tripled to 157 admissions. This has further stressed our nursing resources to provide care for these patients. Average wait times in Emergency, although short by industry standards (2.5 hrs), have created frustration and dissatisfaction for patients who are waiting longer than they feel is acceptable. We are continuing to work with our community partners to try to rectify this situation.

The Emergency department (ER) continues to be very busy and this year our number of visits rose from 25,828 visits in 2006-07 to 26,649 visits in 2007-08. We continue to have a large population of individuals who do not have a family physician, so the ER is their only option if they need to see a doctor. As well, long waits (related to shortages of General Practitioners) to get an appointment at the doctor's office have contributed to ER congestion. The initiation of the Nurse Practitioner Primary Care Clinic has given some people another option, and the feedback from patients seeing the Nurse Practitioner has been extremely positive. We encourage people to use the 1-800 health line prior to coming to the ER, as waits may be long. Each patient presenting to the ER is assessed using a national triage scale and persons experiencing potentially life threatening circumstances will always be seen first.

In closing I would like to thank all of our staff, Managers, Physicians and Volunteers for their tireless commitment to the patients who come to our hospital for care. I also wish to express my appreciation to the Foundation and the Auxiliary for their ongoing efforts on our behalf. To our Board of Directors, your dedication and countless hours given to the governance of this hospital has been phenomenal and should make you and our community proud. Finally I would like to extend thanks to my colleagues in Senior Management for all of their dedication and assistance over the past year. They are a continuous source of wisdom and support.

Respectfully Submitted,

Lesley Brown, RN, HBScN  
Vice President, Patient Services and Chief Nursing Officer

## Patient Services Appendix A

	<b>LWDH Incidence 2007</b> per 1000 patient admissions	<b>Public Health Agency of Canada (PHAC) incidence</b> per 1000 patient admissions	<b>LWDH rate 2007</b> per 10,000 patient days	<b>Public Health Agency of Canada (PHAC) rate</b> per 10,000 patient days
MRSA	Overall 2.30	Overall 8.04 (2006 data)	Overall 2.77	Overall 10.16 (2006 data)
VRE	Overall 0.00	Overall 1.32 (2005 data)	Overall 0.00	No data available
CDAD	Overall .76	Overall 4.84 (2007 data)	Overall .92	Overall 7.38 (2007 data)

Nosocomial Canadian data is not available for VRE or CDAD but the nosocomial data for MRSA incidence rates per 10,000 patient days is overall 6.25 (PHAC, 2006).

Hospital acquired infections are infections that a patient picks up while they are in the hospital, either from another patient or from a staff member or visitor. One of the best ways to prevent hospital acquired infections is through good hand washing and the isolation of patients known to have or suspected to have an illness that is contagious.

The organisms that we monitor here are the “super-bugs” that are resistant to normal antibiotic treatments.

**definition: Methicillin-resistant Staphylococcus aureus (MRSA):**

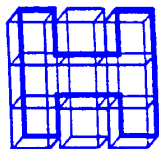
The term MRSA or methicillin resistant Staphylococcus aureus is used to describe those examples of this organism that are resistant to commonly used antibiotics. Methicillin is an antibiotic that is used in identifying this particular type of antibiotic resistance to many drugs of this family of Beta Lactams.

**definition: Vancomycin Resistant Enterococci (VRE):**

Enterococci are bacteria that are normally present in the human intestines and in the female genital tract and are often found in the environment. These bacteria can sometimes cause infections. Vancomycin is an antibiotic that is often used to treat infections caused by enterococci. In some instances, enterococci have become resistant to this drug and thus are called vancomycin-resistant enterococci (VRE).

**definition: Clostridium difficile Associated Diarrhea (CDAD):**

Clostridium difficile is a bacteria in your intestines. It may be found in healthy and ill people.



## **LAKE OF THE WOODS DISTRICT HOSPITAL VICE PRESIDENT, CORPORATE SERVICES and CHIEF FINANCIAL OFFICER REPORT**

It is often said that people are the core of a hospital's success. The truth of this statement is so evident at Lake of the Woods District Hospital. Whatever challenges we may be faced with...and we have had many, our dedicated team of physicians, nurses, professional staff, managers, support staff and volunteers continually rises to the occasion to work toward the common goal of providing quality care for our patients. The 2007-08 year was a continuation of our effort to meet the challenges of the ever changing healthcare environment.

Despite our best efforts to meet the LHIN and Ministry of Health and Long Term Care's requirement of maintaining a balanced budget, the Hospital's audited financial statements reported a small deficit, in the amount of \$51,861. To achieve even this level was no small feat, given the high patient occupancy rates in the past few months, the increasing number of alternate level of care (ALC) patients in the hospital and a continuing scarcity of casual nursing and other professional staff. It is an indication that we must continually strive to find and introduce new and better ways to deliver quality care in the ever complex, demanding and resource restrained environment of healthcare.

In keeping with the Ontario Government priorities of reducing wait times and improving access to healthcare, there has been a province-wide focus on enhancing data reporting and implementing information systems which will provide ready access to the data and indicators needed to make crucial service and funding decisions. This year saw the participation and implementation in our hospital of several mandated projects, including the Electronic Master Patient Index (EMPI), expansion of Wait Time Information Systems (WTIS) for surgery and diagnostic imaging procedures, TeleStroke, and Critical Care Information System (CCIS) to name just a few. We are currently in the process of implementing the Emergency Department Reporting System (EDRS) and a new Laboratory Information System. While the implementation of these systems and initiatives has substantially taxed both our financial and human resources, we recognize how valuable and essential it is for us to have the ability to produce timely and reliable data, in order to direct future funding and service decisions. Special recognition goes out to our Information Systems staff as well as to Health Records, Finance and Admitting staffs for their efforts and countless hours spent on these projects which will move us forward in the information age. It is an interesting and stimulating time as each improvement in our reporting systems moves us toward a more comprehensive electronic patient record.

Our capital infrastructure projects continue to move forward. This year the hospital received much needed repairs to our aging roof system. Planning and design for new communications, security and nurse call systems within the hospital, as well as a new building maintenance controls system are in process and implementation is set to commence early in the new fiscal year. Planning is also underway for a much needed updating of our Surgical Services Suite, which will be further enhanced as a result of a very generous donation from Mr. & Mrs. Richard Stovel. Although our ultimate goal is to continue to pursue approval for the construction of a new hospital, this will be a lengthy process and it is critical that we properly maintain and upgrade our physical plant in order to sustain our ability to provide a functional and safe facility.

Environmental Services continues to endeavour to provide a greener, more energy efficient facility for our staff and patients. Recent introduction of a new microfibre cleaning system will facilitate the reduction of chemical cleaning products, enhance infection control procedures and provide a more ergonomically efficient set of tools for cleaning staff. The amount required to be spent on cleaning supplies will be reduced by this system as well.

There has been a continuing increase in the number of Emergency Department, Ambulatory Care and Visiting Specialist Clinic visits to the Hospital. Together with enhanced reporting requirements this has generated increasing workloads for Admitting and Health Records staff. In December, our Patient Information Services manager left Lake of the Woods District Hospital for other career opportunities. Recruitment efforts to replace this position have not been successful, and we are grateful to our Manager of Financial Services, Cheryl O'Flaherty for stepping in and very capably assuming the responsibility of providing excellent management support for this department. As we are continually looking for new and innovative ways to provide service, we have recognized the growing importance of the relationship between financial and patient data and their

integration in decision making in the hospital setting. As a result, Cheryl will continue on in her role of manager of this department on a permanent basis. We are confident that her expertise, combined with educational enhancement and cross training of our Health Records staff, will ensure that the Health Records Department will continue to fulfill the patient information needs of the hospital and will open up further opportunities for enhanced reporting.

After a long and arduous implementation process, the Momentum Dietary Software is fully functional in the Nutrition and Food Services Department. This process included a complete revamping of the patient and cafeteria menus and has received positive feedback from many patients and staff. The change has impacted the entire Nutrition and Food Services Department from the production area, to the distribution and clerical staff. Thank you to all Food Services staff who were involved in this implementation. Your efforts will pay off in enhanced patient service and satisfaction.

The Materials Management department has been instrumental in keeping our expenditure control in line through monitoring of supplier contracts, negotiating with vendors, controlling inventory and continually searching for more efficient and practical ways of providing service.

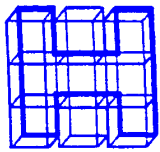
Change continues to be a focus for our Kenora Central Ambulance Communications Centre (CACC). The Centre transitioned from its legacy radio system to the new Fleetnet Government Mobile Communications Project this year. This represents a significant technical improvement. The CACC is scheduled to move, along with the Regional Ambulance Training Program to a brand new facility in October. While we will miss having the CACC as tenants, we will continue to provide administrative support to the program.

Our major source of funding for capital equipment purchases is through public donations generated through the Lake of the Woods District Hospital Foundation and the Lake of the Woods District Hospital Auxiliary. Without this support it would not be possible for the Hospital to purchase the modern medical equipment and technology that is so crucial to providing quality medical care to our patients and to keeping our Hospital running. So, thank you, to the Foundation board and staff, Auxiliary members, Retired Railroaders and all of the associated volunteers who coordinate the fundraising efforts and also to the many service clubs and public individuals who generously donate to them.

In closing I would like to express my thanks and appreciation to all hospital staff, managers and physicians who work together to provide quality care and service every day. A special thank you to my dedicated team of support services managers for your tireless hard work and dedication. Your contribution to this Hospital and to helping me fulfill my responsibilities is invaluable to me. To all the support services staff, many who often work behind the scenes, thank you for your ongoing efforts, and never underestimate the importance of the role each and every one of you plays on our healthcare team. To the Lake of the Woods District Hospital Board of Directors, thank you for your support and dedication and for the many hours that you devote to our Hospital without any financial recognition. Finally, my thanks, respect and admiration goes out to my senior management colleagues for your devoted commitment to Lake of the Woods District Hospital and for the support, expertise and guidance that you provide to me.

Respectfully submitted,

Cindy Gasparini, B.Comm. (Hons.), CA  
Vice President, Corporate Services, and Chief Financial Officer



## **LAKE OF THE WOODS DISTRICT HOSPITAL VICE PRESIDENT, COMMUNITY PROGRAMS REPORT**

Community programs are made up of nine distinct programs with a comprehensive range of mental health and addiction services. Community Counselling a mental health therapy program; Day Treatment a structured group therapy and outreach support for mental health clients; Addictions Services Kenora; assessment; treatment; withdrawal management and referral for addictions; Post Custody Enhancement; Early Childhood Development and Problem Gambling programs.

I am delighted to report that Community Programs has served over 7,000 individuals this year through intake, assessment, counselling, treatment, school visits, and community presentations. We were fortunate to receive funding last year for two new positions to address helping clients with concurrent disorders and in particular First Nations and those persons released from custody with mental health and/or addiction issues.

This year we made efforts to measure our service performance. We implemented a new software system called Client Services manager for mental health documentation. We monitored our intake process and calculated our wait time for service. Our average wait time is ten days, measured from date of referral/contact to first appointment. In the months of May and October we conducted a client satisfaction survey with good results. Currently we have started to survey our referral sources. It is important to us that we provide a quality service.

Together, we will continue to reach out and help the lives of people with all types of mental health challenges; addictions and substance abuse problems; recover and live life to their full potential. All of us at Community Programs are fully committed to helping restore the dreams and the goals that mental illness and addictions can sometimes steal. We help people with all types of mental health challenges, from depression and anxiety to schizophrenia and bipolar disorder. Persons with addictions to gambling, alcohol, oxycontin, methamphetamines, are welcomed to our service for goals of abstinence, harm reduction, methadone and outpatient treatment.

Thank you to our excellent staff members, the Program Advisory Committee, the Board of Directors of the Lake of the Woods District Hospital, Senior Management, and Drs. Zahlan, Sas, Moore and Reed-Walkewicz for their support and much valued assistance in helping us provide a quality service to the Kenora Community.

Respectfully submitted,

Marlene Mymryk  
Vice President, Community Programs



## LAKE OF THE WOODS DISTRICT HOSPITAL FOUNDATION CHAIR REPORT

**Lake of the Woods District Hospital Foundation is dedicated to fundraising in partnership with our community to meet the medical equipment and facility needs of the Lake of the Woods District Hospital.**

In the 2007/2008 fiscal year, the Lake of the Woods District Hospital Foundation generated in excess of \$1.5 million in fundraising revenues. Cumulative receipts for the organization since November 1992 total over \$12 million.

The Lake of the Woods District Hospital Foundation transferred \$405,597.25 to the Lake of the Woods District Hospital over the past twelve months. Hospital programs, services and departments that benefited from community gifts and donations included: Psychiatry, Morningstar Centre, Acute Care, Environmental & Plant Services, Chemotherapy, Intensive Care Unit, Diagnostic Imaging, Nutrition & Food Services, Surgical Services, Laboratory and Cardiac Diagnostics.

Our charity had a good year. We were fortunate to work with some incredible individuals and organizations. Their demonstrated commitment to the hospital was truly inspirational. Donations were received through a number of annual campaign initiatives, leadership gifts, capital campaign solicitations and planned contributions.

All donors are special to the Hospital Foundation. There are some who really went the extra mile for our charity. At this time, we would like to acknowledge the generosity of Richard & Millie Stovel, Robert & Deirdre Kozminski, Nicki & Bryce Douglas, Weyerhaeuser Company Ltd., Kenora Lake of the Woods Lions Club, Lucy Coletti, Caroline Schabler, Barton & Linda Stevenson, TransCanada, Kim Ratuski, Kris Goold, Moffat Family, Standard Insurance, Safeway Charity Challenge Team, Kenora Rotary Club, Ken & Lesley Powell, Brian & Ruth Hastings and Kinsmen Club of Kenora.

Over the past twelve months, the board dedicated itself towards strategic planning. A review of strengths, weaknesses, opportunities and threats was undertaken. The organization discussed who it is, what has been accomplished, established priorities, examined why the priorities exist and how the objectives for the future will be met.

There are challenges ahead for the Lake of the Woods District Hospital Foundation but the future looks bright. The charity has considered its sustainability by investing in computer software to help manage the donor database. A website has been launched to improve communications with the public and to permit donations through the internet. Visitors to the hospital might also notice that a 4<sup>th</sup> donor recognition board has been added to the lobby. The bronze strips are a wonderful indicator of the community's sense of philanthropy.

The hospital's capital requirements are ongoing. I feel it is important to note that Lake of the Woods District Hospital depends on its charitable foundation. This charitable foundation in turn depends on the community. Without a doubt the community has been generous. I hope this continues as our healthcare system depends on it.

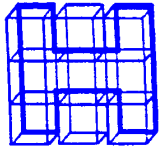
It was my honour to work with a strong Board of Directors that included:

Mrs. Thelma Wilkins-Page, Mrs. Patty McLeod, Mr. Gordon Horne, Mrs. Sylvia Yanchishyn, Mr. Stephen Lundin, Mrs. Donna Wallace, Mr. Bill Scribilo and Mrs. Elaine Pearce

Truly yours,



Charles Strachan, Chair



## LAKE OF THE WOODS DISTRICT HOSPITAL AUXILIARY CO-CHAIR REPORT

The Lake of the Woods District Hospital Auxiliary has enjoyed another successful year with two Past Presidents sharing the chair. Our membership of 104 together with non-members have given 10,540 hours to fund-raising this year.

Our Gift Shop Convenors continue to bring in a variety of interesting items which are nicely displayed and which appeal to staff, patients and visitors alike as is evident by their excellent support. Our Personnel Convenor ensures the three shifts in the shop are filled by 77 willing and dedicated volunteers. Not always an easy task! Lovely baby sweater sets, baby quilts, toques, mitts and a variety of other items are generously donated by skilled crafters and are well received. We acknowledge the excellent support we receive from hospital staff by holding an Appreciation Day event in the hospital lobby each year when we offer coffee, tea and dainties to all and the Gift Shop offers a discount on all merchandise.

Three knitters have kept the Maternity Unit well supplied with a total of 392 sets of booties and caps for newborns – our gift to these new mothers.

A bursary in the amount of \$500.00 is given each year to a student continuing his/her education in a health-related field. This year's winner will be announced in the near future.

Our HELPP Lottery program is still receiving excellent support from the community. The following equipment has been purchased:

- a) 2 Vital Signs Monitors
- b) Trauma Stretcher
- c) Defibrillator
- d) Patient Lift
- e) Heat Exchanger Sterilizer
- f) Blood Analyzer
- g) Trauma Stretcher
- h) Sterilizer
- i) EKG Respirator

The above items total \$82,890.60. This would not be possible without the dedication and support of the Retired Railroaders, their spouses and volunteers who man our lottery booth in the mall and we thank them sincerely. The Auxiliary provided the Hospital with funds totalling \$18,425.04 for a quiet room on Schedule I – Psychiatry.

A Tag Day, Christmas Bake Sale and Shortbread Sale are other fund-raising events which netted a total of \$6,632.07. Tag Day alone brought in \$5,202.40. We truly appreciate the contributions of our members and the public as well.

Our Sunshine Convenor sent out a total of 40 special occasion cards. Oranges for all patients and little gifts for those unable to go home at Christmas were distributed in the hospital. Tray favours for special occasions are crafted by two talented members and add a note of cheer to the patients' meals.

Our two Phoning Convenors have 15 phoners and 6 spare phoners who call members each month to advise them of meetings and up-coming events.

We have had excellent press coverage. Events were well advertised and write-ups with photographs, in the local paper, kept the public informed of our activities. Up-to-date information regarding Auxiliary activities is provided for the Hospital Newsletter under the heading "AuxTalks". Our Archivist keeps our scrapbooks, dating back many years, up-to-date with newspaper clippings and photographs.

Luncheon meetings were well attended. Guest speakers attending any meeting gave informative and interesting presentations on a variety of topics and groups provided us with much appreciated entertainment.



Regional meetings, conferences and conventions in Toronto were well represented by our membership. Region 12 West will have Betty Anderson, a Past President, as their new President. Our congratulations to Betty!

2008 marks the 40<sup>th</sup> anniversary of the Auxiliary. A committee of 10 members has been formed to plan an afternoon tea and reception in the hospital cafeteria on June 11<sup>th</sup>. Several dignitaries have been invited to bring greetings, and items of interest from the archives will be displayed.

In closing, much appreciation is extended to the Auxiliary executive and all convenors for their hard work, dedication and support. Thanks also to all the membership for volunteering their time and talents so willingly. The aforementioned accomplishments would not have been possible without your commitment to the Auxiliary and to the Hospital.

Many thanks to the Board, hospital staff and Mr. Balcaen for their continued support and co-operation which contributes to the success of the Auxiliary.

Respectfully submitted,

Irma M. Green/Ruth Bowiec  
Co-Presidents

**LAKE OF THE WOODS DISTRICT HOSPITAL**  
**CAPITAL PURCHASES**  
**FISCAL 2007/08**

<b>DEPT</b>	<b>ASSET DESCRIPTION</b>	<b>ACTUAL COST (NET OF GST REBATE)</b>
Surgical Services	Vital Signs Monitors (2)	\$7,946
Surgical Services	Gastroscope & Video Tower	\$88,697
Surgical Services	Colonoscopes (2)	\$92,782
Emergency Room	Trauma Stretchers (2)	\$21,163
Sexual Assault	Exam Table	\$6,606
Education	External Defibrillator/CPR Trainer	\$6,027
CSR	Heat Exchangers (2 Sterilizers)	\$17,604
CSR	Sterile Dryer	\$8,068
Schedule 1	Air Conditioner	\$4,347
Schedule 1	Quiet Lounge Renovation	\$18,604
Dialysis	UPS Back-up -Electrical	\$5,609
Dialysis	Treatment Chairs (3)	\$5,718
2 East	Flusher Disinfector - Installation	\$2,325
2 East	Pressure Mattresses (2)	\$15,875
3 East	Flusher Disinfector	\$10,200
Rehabilitation	Treadmill	\$4,538
Diagnostic Imaging	Diagnostic Viewing Station	\$34,549
Diagnostic Imaging	AGFA Connectivity Manager Server	\$24,158
Laboratory	Omnitech Laboratory System	\$35,470
Laboratory	Computers for Laboratory System	\$20,219
Laboratory	Blood Gas Analyzer	\$21,037
Laboratory	Coagulation Analyzer	\$38,323
Respiratory	Humidifiers (2)	\$8,100
EKG	Digitized EKG	\$15,089
Information Services	Servers (2) Dual Core	\$9,751
Information Services	Server Quad Core Xeon	\$4,658
Information Services	MediPatient Interface to EMPI	\$2,066
Information Services	EMPI License Fees	\$4,519
Information Services	MediPatient Interface to WTIS DI	\$8,107
Admitting	HP Laser Printer	\$2,928
NFS	Hot Food Table	\$5,292
NFS	Range	\$4,987
Laundry	Ford F350 Truck	\$33,304
Housekeeping	SWEP Micro Mopping System	\$24,656
Building	Storage Container	\$6,943
Building	Volatile Material Room	\$11,023
Building	NOSM Learner Infrastructure Renovations	\$130,279
Building	Construction in Progress - HIRF	\$54,410
Building	Construction in Progress - Roof	\$501,077
Building	Construction in Progress - Communications	\$31,968
Building	Construction in Progress - Surgical Renovations	\$70,121
<b>TOTAL CAPITAL ASSETS PURCHASED</b>		<b><u><u>\$1,419,143</u></u></b>

## HOSPITAL ADMISSION & TREATMENT STATISTICS

	2007/08	2006/07	2005/06	2004/05	2003/04
Adults & Children Admitted During the Year	2,612	2,983	2,880	2,895	3,039
Babies Born in the Hospital	278	253	240	239	235
Days of Hospital Care - Adults & Children	21,627	21,640	22,494	23,161	25,161
Days of Hospital Care - Newborns	610	586	594	644	593
Meal Days	39,970	39,621	41,043	42,983	45,396
Paid Hours of Work	721,031	701,019	720,936	659,339	658,906
Approved Beds	104	104	104	104	104
Beds in Service	84	84	96	96	96
Emergency Visits	26,641	25,781	25,972	25,324	25,354
Operations Performed - Inpatient	522	461	649	568	450
Operations Performed - Outpatient	1,630	1,653	1,501	1,205	1,078
X-Ray Examinations	16,097	16,463	17,438	16,620	16,677
Ultrasound Examinations	4,130	3,827	4,288	4,120	3,906
Mammograms	1,576	1,455	1,378	1,181	1,101
Computed Tomography Exams	7,634	6,358	4,944	3,454	
Electrocardiographic Examinations	5,234	5,235	5,799	5,392	4,860
Laboratory Procedures	364,809	359,662	429,939	428,064	400,998
Laboratory - Standard Units	1,242,306	1,234,271	1,285,695	1,437,890	1,485,179
Physiotherapy - Patient Attendances	10,150	8,816	10,202	14,556	9,485
Chemotherapy Treatments	1,181	1,487	1,682	1,467	531
Dialysis Treatments	2,920	2,445	2,330	2,319	2,374
# Kgs. Laundry	173,955	167,642	173,891	140,828	159,018

## EMPLOYEES OVER \$100,000.00 FOR PUBLIC SECTOR DISCLOSURE

Name	Gross, no Tax Benefit	Taxable Benefit	Grand Total
Balcaen, Mark	173,628.90	1,046.22	\$174,675.12
Brown, Lesley	111,577.06	661.39	\$112,238.45
Gasparini, Cindy	111,431.27	661.39	\$112,092.66
MacDonald, Dr. James Kerry	299,200.30	1,485.96	\$300,686.26
MacDonald, Dr. John Kelly	294,840.92	1,455.72	\$296,296.64
Moore, Dr. Sean	109,468.52	371.49	\$109,840.01
Mymryk, Marlene	111,577.09	661.39	\$112,238.48
Schussler, Angela	127,743.99	448.47	\$128,192.46
Walters, Dr. Dana	227,653.96	1,364.67	\$229,018.63

# STAFFING

## BOARD OF DIRECTORS

Mrs. B. Anderson  
Mr. M. Balcaen, Secretary-Treasurer  
Ms. D. Baldwin  
Ms. A. Cameron  
Mr. J. Clarke  
Ms. C. Edie  
Rev. R. Lamb  
Mrs. M. Matheson, Vice-Chair  
Mr. B. McCallum  
Mr. O. Mejia  
Mr. D. Munro  
Mrs. J. Reid, Chair  
Mr. F. Richardson  
Ms. E. Skead  
Mr. R. Thompson  
Dr. K. MacDonald, Chief of Staff  
Dr. S. Moore, President, Medical Staff  
Dr. S. Sas, Vice-President, Medical Staff

## SENIOR MANAGEMENT

Mr. M. Balcaen, President and Chief Executive Officer  
Mrs. C. Gasparini, Vice President, Corporate Services and Chief Financial Officer  
Mrs. L.. Brown, Vice President, Patient Care Services and Chief Nursing Officer  
Mrs. M. Mymryk, Vice President, Community Services  
Dr. K. MacDonald, Chief of Staff

## DEPARTMENT MANAGERS

Mrs. K. Belair, Manager, Purchasing  
Mr. R. Bootsveld, Manager, Information Services  
Mr. B. Chisholm, Manager, Rehabilitation  
Mr. M. Copenace, Manager, Aboriginal Services  
Mrs. J. Cottam, Manager, Human Resources  
Mrs. K. Dawe, Manager, Education, Quality, Risk Management  
Mr. B. Dionne, Manager, Respiratory Therapy  
Ms. P. Dryden-Holmstrom, Manager, Addictions Services Kenora  
Mr. B. Edie, Manager, Pharmacy  
Ms. K. Fitzgerald, Manager, Ambulatory Care/Sexual Assault Program  
Mrs. M. Hall, Manager, Environmental and Plant Services  
Ms. S.J. Hill, Manager, Surgical Services  
Mrs. T. Knopf, Manager, Laboratory  
Mrs. D. MacDonald, Manager, Volunteer Services  
Mrs. D. Makowsky, Manager, Medical/Surgical/ICU  
Mr. C. Marek, Manager, Central Ambulance Communications Centre  
Mr. R. Markle, Capital Construction Program Manager  
Mrs. C. O'Flaherty, Manager, Finance Office  
Mrs. A. Schussler, Manager, Radiology  
Mrs. D. Sieradzki, Manager, Admitting/Switchboard  
Mrs. T. Stasiuk, Manager, Maternal/Child/CSR/Resource Team  
Mrs. M. Stevenson, Manager, Emergency  
Ms. E. Stewart, Manager, Nutrition & Food Services  
Mrs. A. Sweeney, Manager, Schedule I/Psychiatry  
Mrs. P. Tittlemier, Manager, Complex Continuing Care/Adult Medicine/Pediatrics

## MEDICAL STAFF

Dr. J. Beveridge	Dr. Kelly MacDonald	Dr. J. Spielman
Dr. B. Bowerman	Dr. Kerry MacDonald	Dr. R. Strank
Dr. B. Daly	Dr. S. Moore	Dr. M. Thomas
Dr. R. Diamond	Dr. S. Parsons	Dr. J. Vaudry
Dr. M. duPlessis	Dr. S. Pedersen	Dr. Dan Walters
Dr. C. Hammett	Dr. R. Ramchandrar	Dr. Dana Walters
Dr. J. Hammett	Dr. S. Reed-Walkiewicz	Dr. T. Wehner
Dr. P. Harland	Dr. S. Sas	Dr. S. Wiebe
Dr. J. Kroeker	Dr. V. Sawatzky	Dr. M. Workman
Dr. R. Lass	Dr. L. Snyder	Dr. U. Zahlan
Dr. W. Loewen		

Ms. E. Duggan, Nurse Practitioner  
Ms. W. Peterson, Midwife  
Ms. N. Quevillon-Dussault, Midwife

## DENTAL STAFF

Dr. L. Armstrong  
Dr. M. Christensen  
Dr. C. Foster  
Dr. N. Hoshwa  
Dr. D. Kozak  
Dr. D. McDermid  
Dr. E. McKenzie  
Dr. E. Montero  
Dr. R. Parrott  
Dr. R. Pochailo  
Dr. D. Riediger

## VISITING SPECIALISTS (Courtesy Privileges)

Dr. A. Angel, Internal Medicine  
Dr. M. Anthes, Oncology  
Dr. M. Aubrey, Rheumatology  
Dr. R. Beldavs, Ophthalmology  
Dr. T. Blydt-Hansen, Pediatric Nephrology  
Dr. T. Bon, Geriatrics  
Ms. L. Desrochers, Nurse Practitioner  
Dr. D. Dueck, Oncology  
Dr. M. Fast, Neurology  
Dr. Y. Gagnon, Lab, Diagnostic Imaging Tests only  
Dr. D. Hoffman, Orthopedics  
Dr. L. Hurst, Dermatology  
Dr. N. Laferriere, Oncology/Hematology  
Mrs. B. Pernsky, Nurse Practitioner  
Dr. J. Porter, Orthopedics  
Ms. J. Roberts, Nurse Practitioner  
Dr. J. van der Zweep, Ophthalmology

## LOCUM TENENS

Dr. A. Cheng, Psychiatry  
Dr. A. Condello, Pediatrics  
Dr. E. Cormode, Pediatrics  
Dr. D.J. Heslin, Radiology  
Dr. A. Hudak, Pediatrics  
Dr. J. Illman, Radiology  
Dr. A. Janikowski, ER  
Dr. M. Kiang, Psychiatry  
Dr. R. King, Psychiatry  
Dr. W. Kyle, Radiology  
Dr. F. Potestio, Obs/Gyn  
Dr. C. Scaife, ER  
Dr. N. Silver, Pediatrics  
Dr. G. Smith, Pediatrics  
Dr. J. Spencer, Surgery  
Dr. W. Squires, Surgery  
Dr. R. Stewart, Psychiatry  
Dr. D. Young, ER